



Charitable Incorporated Organisation. Registered with the Charity Commission in England & Wales Number 1161930

GRANT APPLICATION FORM FOR GROUPS

To help us process your application efficiently please ensure you write **clearly** and **legibly**.

Name of Lead Applicant

Names and contact details for other applicants (maximum of 9) to be provided on pages 3 to 5

All Applicants must be 11-18 years old at project start date

Title: _____ First name: _____

Surname: _____ Date of birth: _____

How did you hear about Burns Price Foundation? _____

Your contact details

Address: _____

Postcode: _____

Telephone number: _____ Email address: _____

Organisation details

ie your school/college/youth organisation

Name: _____ Address: _____

Postcode: _____

Name of Adult Supervisor: _____ Position: _____

Telephone number: _____ Email address: _____

Please give a summary of the project you are planning

Including detail of whether the project is your own inspiration or an existing project you are joining

Please state clearly who will benefit from the project

The project must be for the public benefit – that is to say, not for the benefit of you and your project team only

Please state clearly how the project has a community-enhancing purpose
(eg reparation, reconciliation, peace building, restorative justice or care for the local environment)

How many people aged 11-18 will be taking part in the project with you?

What is the total cost of the project?

Please give a detailed breakdown of how this amount is made up (eg tools, materials etc). Please note that we seek to support voluntary work and are not able to fund wages and staffing costs. It is okay if your project needs to pay key people for their time, however you will need to find this amount from elsewhere.

What amount are you applying for?

How do you plan to raise the remaining funds?

Please give details of any fundraising events you have planned

What is the project start date and how long will the project take to complete?

Data Consent

By submitting your details, you give permission for Burns Price Foundation (BPF) to use your information to contact you and provide you with information regarding BPF. If your application is successful, you agree to details of your project being included in publicity and promotional activities of BPF. Your data will be stored in line with our privacy policy, available on our website: www.burnspricefoundation.org.uk or from the Administrator (contact details below).

Applicant's Signature:

Date:

Parent/Guardian Signature:
(for applicants under 13)

Date:

Please return this completed application form by post or email to:

The Administrator, The Burns Price Foundation, Forge House, Pilton,
Shepton Mallet, Somerset, BA4 4AX
Email: burnspricefoundation@gmail.com

Additional Applicants (maximum of 9)

Additional Applicant 1

Title: _____ First name: _____

Surname: _____ Date of birth: _____

Address: _____

Postcode: _____

Telephone number: _____ Email address: _____

Data Consent

I have read and agree the Data Consent statement on page 2 (please tick box)

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature:
(for applicants under 13) _____ Date: _____

Additional Applicant 2

Title: _____ First name: _____

Surname: _____ Date of birth: _____

Address: _____

Postcode: _____

Telephone number: _____ Email address: _____

Data Consent

I have read and agree the Data Consent statement on page 2 (please tick box)

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature:
(for applicants under 13) _____ Date: _____

Additional Applicant 3

Title: _____ First name: _____

Surname: _____ Date of birth: _____

Address: _____

Postcode: _____

Telephone number: _____ Email address: _____

Data Consent

I have read and agree the Data Consent statement on page 2 (please tick box)

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature:
(for applicants under 13) _____ Date: _____

Additional Applicant 4

Title: _____ First name: _____

Surname: _____ Date of birth: _____

Address: _____

Postcode: _____

Telephone number: _____ Email address: _____

Data Consent

I have read and agree the Data Consent statement on page 2 (please tick box)

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(for applicants under 13)

Additional Applicant 5

Title: _____ First name: _____

Surname: _____ Date of birth: _____

Address: _____

Postcode: _____

Telephone number: _____ Email address: _____

Data Consent

I have read and agree the Data Consent statement on page 2 (please tick box)

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(for applicants under 13)

Additional Applicant 6

Title: _____ First name: _____

Surname: _____ Date of birth: _____

Address: _____

Postcode: _____

Telephone number: _____ Email address: _____

Data Consent

I have read and agree the Data Consent statement on page 2 (please tick box)

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(for applicants under 13)

Additional Applicant 7

Title: _____ First name: _____

Surname: _____ Date of birth: _____

Address: _____

Address: _____

Postcode: _____

Telephone number: _____ Email address: _____

Data Consent

I have read and agree the Data Consent statement on page 2 (please tick box)

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature:
(for applicants under 13) _____ Date: _____

Additional Applicant 8

Title: _____ First name: _____

Surname: _____ Date of birth: _____

Address: _____

Postcode: _____

Telephone number: _____ Email address: _____

Data Consent

I have read and agree the Data Consent statement on page 2 (please tick box)

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature:
(for applicants under 13) _____ Date: _____

Additional Applicant 9

Title: _____ First name: _____

Surname: _____ Date of birth: _____

Address: _____

Postcode: _____

Telephone number: _____ Email address: _____

Data Consent

I have read and agree the Data Consent statement on page 2 (please tick box)

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature:
(for applicants under 13) _____ Date: _____